



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	01/04/2020 14:45
Date Of Accident	01/04/2020 09:20
Exact Location Of Accident	UPP BT TIMAH RD AT THE BUS STOP INFRT HILION MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7860E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUA CHOON LING YVONNE
NRIC No	SXXXX854H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97684412
Alternative Phone No	OFFICE-97684412

### Vehicle Particulars

Manufacturer	SUZUKI
Model	S-CROSS 1.6 GLX 2WD CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109359814
Cover Note Number	

### Driver

Name of Driver	OEN BENG KWEE JEROME
NRIC No	SXXXX692H
Date Of Birth	28/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98484849
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 518 JELAPANG RD #10-265
Postcode	670518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200401/2022.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2179K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A = SLC 7860E

B = SMC 2179K

Upp Bukit Timah Rd

Refer to Police Report T/20200401/2022

 Policyholder's Signature Date & Time:	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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# SINGAPORE POLICE FORCE



T/20200401/2022

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200401/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2020 10:35	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: OEN BENG KWEE JEROME			Address: APT BLK 518 JELAPANG ROAD #10-265 SINGAPORE 670518	
ID Type / ID No.: NRIC NO / S6831692H			Contact No.: Home/Office: Mobile: 98484849	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 28/09/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/04/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER BUKIT TIMAH ROAD DUNEARN ROAD Along UPPER BT TIMAH ROAD at the bus stop in front of Hillion Mall.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7860E	Car	SUZUKI	X- Cross	White	No Damage	0
SMC2179K	Car	VOLKSWAGO N	Touran	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7860E	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE  
POLICE FORCE**



T/20200401/2022

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20200401/2022

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OEN BENG KWEE JEROME	ID No.	S6831692H
Related Vehicle	SLC7860E (Car)	Contact No.	98484849
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01.04.2020 I was driving my car registration number SLC 7860E, a silver colour Suzuki along Upper Bt Timah Road. I had stopped my car on lane 2 at the bus stop in front of Hillion Mall as there is a bus turning out from the bus lane. Once I stopped my car, I felt a slight bang from the rear of my vehicle. I looked through my rear view mirror and saw a white car behind my vehicle. The car then overtook my car from the right and turn into Petir Road. I manage to follow it and it stopped awhile at the traffic junction in front of Bt Panjang LRT. I manage to take a picture of the car plate number which is SMC 2179K, a white Volkswagon. After the traffic light turn green, the car made a u turn and entered Mayfair Condo. I made a check on my car at the nearby petrol kiosk and discover that my car left rear mud guard came off.

This is the first time such incident happen. I manage to see the driver of the car who is a male Chinese. I did not suffer any injuries and did not need any medical assistance.

*A JEROME*



**SINGAPORE  
POLICE FORCE**



T/20200401/2022

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20200401/2022

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

SI QODLIZAKA BIN ALI

Signature Of Informant:

*K. J. NOME*

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2020 10:35

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168



*[Signature]*  
SIGNATURE

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/04/2020 14:37"/>
Vehicle No.(For Motor)	<input type="text" value="SLC7860E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109359814		QUA CHOON LING YVONNE	S1763854H	GPC	drive CLASSIC	SLC7860E	SLC7860E	26/05/2019	25/05/2020

## Claim Handling

Accident MT/1090343

Policy No.	5109359814	Vehicle No.	SLC7860E	GST Registration No.	
Certificate No.					
Policyholder Name	QUA CHOON LING YVONNE	Cover Type	drive CLASSIC	Policyholder NRIC	S1763854H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97684412	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	01/04/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/04/2020	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BT TIMAH RD AT THE BUS STOP INFRONT HILION MALL				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

## ▼ Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 518 #10-265	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670518
Address 4		Address Type	Singapore address	Post Code	670518
Unit No.		Related Policy Number	5109359814		

## ▼ OI Driver Info

Driver Name	Con Beng Kwee	Driver Type	Named Driver	Driver DOB	28/09/1968
Unnamed driver Name		Driver NRIC	S6831692H	Driving Experience	17
Register Date of Driver License	13/02/2003	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	98484849	Contact No.(Office)		Address 3	SINGAPORE 670518
Address 1	BLK 518 #10-265	Address 2	JELAPANG ROAD	Post Code	670518
Address 4		Address Type	Singapore address		
Unit No.	10-265			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	QUA CHOON LING YVONNE	Insured NRIC	S1763854H	
Contact No.(Mobile)	98484849	Contact No.(Home)	68924266	Contact No.(Office)		
Email Address		DI Vehicle Number	SLC7860E	TP Number	SMC21	
Claim Description	SLC7860E / SMC2179K ON 1 Apr 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Preferred Repair Option	Preferred Workshop, Name unknown					
Date Registered	01/04/2020 15:10	Claim Close Date		Date Received	01/04/2020	
Report Taken By	LIEW SHAN HUI					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1090343	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/04/2020 15:11			
Path *		Category *	Confidential	Urgency *	Desc	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	SAS	Normal	SAS 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:11	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10	Photos	Normal	Photos 2020-4-1
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10	Photos	Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 15:10	Photos	Normal	Photos 2020-4-1

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading